

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	N.A		02/01/01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	LT	50708	01.01.01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	02/01/01
2	✓
3	✓
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If more than 150 claims or 10 actions  
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Best Available Copy

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02/01/01